

PATENT ABSTRACTS OF JAPAN

(11)Publication number : 2002-052010

(43)Date of publication of application : 19.02.2002

(51)Int.Cl.

A61B 5/11
A61B 5/00
A61B 5/0245

(21)Application number : 2000-237988

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(22)Date of filing : 07.08.2000

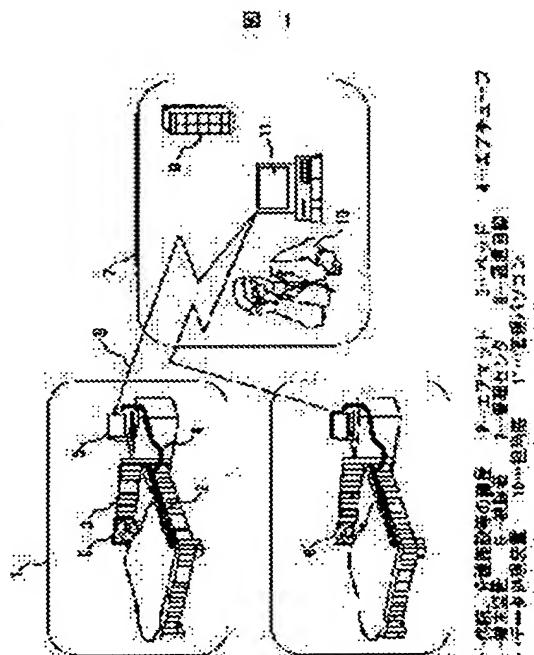
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(54) SLEEPING CONDITION MONITORING DEVICE

(57)Abstract:

PROBLEM TO BE SOLVED: To provide a sleeping condition monitoring device capable of grasping accurate body conditions by heightening reliability of grasping the body condition using biometrical data of a subject in bed.

SOLUTION: Biometrical data of a subject 6 is detected from a pressure change of an air mat 2. The biometrical data of the subject 6 is taken in a terminal device 5, and the organism data at a preset designated time and the biometrical data on the subject in usual time are compared to monitor the sleeping condition.



LEGAL STATUS

[Date of request for examination] 09.12.2002

[Date of sending the examiner's decision of rejection]

[Kind of final disposal of application other than the examiner's decision of rejection or application converted registration]

[Date of final disposal for application]

[Patent number]

[Date of registration]

[Number of appeal against examiner's decision of rejection]

[Date of requesting appeal against examiner's decision of rejection]

[Date of extinction of right]

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CLAIMS

[Claim(s)]

[Claim 1] Sleeping house-keeping equipment characterized by to provide the air mat installed in a test subject's bed, a pressure detection means detect internal pressure change of said air mat, and the monitor and control equipment which is based in internal pressure change of said air mat detected with said pressure detection means, measures a test subject's living body data, and supervises said test subject's sleeping condition based on said living body data of predetermined time. [Claim 2] The sleeping house-keeping equipment characterized by to provide the monitor and control equipment which is based in internal-pressure change of said air mat detected with the air mat installed in a test subject's bed, a pressure detection means detect internal-pressure change of said air mat, and said pressure detection means, measures a test subject's living body data, and supervises said test subject's sleeping condition as compared with said living body data of predetermined time, and the living body data at the time of normally it is obtained beforehand. [Claim 3] The air mat installed in a test subject's bed, and a pressure detection means to detect internal pressure change of said air mat, The terminal unit which is based in internal pressure change of said air mat detected with said pressure detection means, measures a test subject's living body data, and supervises said test subject's sleeping condition as compared with said living body data of predetermined time, and the living body data at the time of normally it is obtained beforehand, Sleeping house keeping equipment characterized by providing said terminal unit and the administrative control unit installed in the management center possible [transmission]. [Claim 4] The sleeping house-keeping equipment characterized by to provide the monitor and control equipment which is based in internal-pressure change of said air mat detected with the air mat installed in a test subject's bed, a pressure detection means detect internal-pressure change of said air mat, and said pressure detection means, measures a test subject's living body data, and supervises said test subject's apnoea condition by the respiratory wave of said living body data in predetermined time.

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DETAILED DESCRIPTION

[Detailed Description of the Invention]

[0001]

[Field of the Invention] This invention relates to the chief umpire house keeping equipment which measures living body data, such as a heart rate under sleeping of test subjects, such as elderly people, a patient under medical treatment, and a small child, a respiration rate, magnitude of IBIKI, and magnitude of a body motion, and supervises a test subject's sleeping condition.

[0002]

[Description of the Prior Art] In recent years, it is in the inclination for elderly people's population to increase, and is changing to the so-called aging society. For this reason, the care burden to elderly people increases, to be especially home care, it is always necessary to distribute mind, and an effort in case a family cares for at night has an unfathomable thing. Consequently, an excessive burden will be forced upon those who care for, and it has become a big social problem.

[0003] Moreover, in a hospital, a nursing home, etc., the present condition is coping with it by not going to the reason a nurse and a nurse always escorting a patient or a cared person (test subject) during sleeping, either, but grasping a patient's health condition with a periodical round visit or the report at the time of abnormalities.

[0004] In order to always grasp health condition, it is necessary to perform inspection and oral consultation frequently, but by the usual inspection approach, even if a cared person will be equipped with the detector for measurement and it can apply in the wakefulness under lying down, as for using for the cared person under sleep, difficulty follows.

[0005] If change breaks out gradually in many cases, and a cared person's condition which carries out interdiurnal change detects change of this kind and it can be reflected in a therapy or a care activity, it will be maintaining a cared person's health with utility. It is in the situation which inspection is difficult and can hardly be known [as opposed to / especially / the patient or cared person under sleep] about physical change.

[0006] The bottom of a cared person's (test subject) body is covered with an air mat as an approach of grasping a cared person's health condition continuously [, i.e., did not restrain, and], without giving a mental burden, and physical and the technique which measures a test subject's heart rate, a respiration rate, the count of IBIKI, the count of changing sides, etc. based on the pressure variation which joins the air mat are proposed by the cared person. [non-] This is indicated by for example, the provisional-publication-of-a-patent No. 214 [2000 to] official report. Moreover, detecting an apnoea condition using the living body data measured with the technique indicated by the above-mentioned well-known reference is also considered. So to speak, breathing is [a halt and] in a suffocation condition temporarily [an apnoea condition] during sleep. Even if a suffocation condition occurs in a healthy adult, breathing is resumed after a while and a life is not in danger. However, if the patient who has fallen ill, especially elderly people have, it becomes the cause [exhausting / of physical strength] of big stress in many cases. Moreover, if a small child has, when this suffocation condition occurs, possibility of becoming fatal is high.

[0007] Therefore, especially the thing for which an apnoea condition is detected is effective in avoiding the problem of death generating by the sudden death syndrome in death by lapsing into dyspnea about test subjects, such as a patient under medical treatment, and a small child, and infants.

[0008]

[Problem(s) to be Solved by the Invention] However, the effective technique of grasping whether it being health condition using the measured living body data is not developed, but the conventional technique may be incorrect-judged. For example, when a test subject strikes changing sides, it judges that a fit was started or breathing usually occurs to the man's body also in the condition of having stopped temporarily at health condition, it may be judged that it is unusual. Moreover, about an apnoea condition, it can grasp only with extent that there is an inclination of

an apnoea from the data of a respiration rate, and is hard to grasp that the apnoea has occurred gradually more often.

[0009] When the incorrect decision situation of health condition where living body data were used occurs frequently, dependability is spoiled in a nurse's etc. correspondence and there is a possibility that the right treatment in the situation needed truly may become impossible.

[0010] The purpose of this invention is to offer the sleeping house keeping equipment which raises the dependability of the body condition grasp using the living body data of the test subject under sleeping, and can perform exact body condition grasp. [0011]

[Means for Solving the Problem] The place by which it is characterized [of this invention] is to compare with the living body data at the time of usual [of a test subject] the living body data in the predetermined time set up beforehand, and have supervised the sleeping condition.

[0012] When a heart rate and a respiration rate are specifically computed by having analyzed the living body data within predetermined time, the range at the time of usual is crossed, it judges that a cardiac rate alteration or a respiration rate is unusual and a big value is shown beyond predetermined time also about a body motion, it recognizes as a fit. Moreover, even if a test subject comes out of a bed and it passes fixed time, when not returning, depending on a time zone, it recognizes as under wandering.

[0013] An apnoea will be judged with the possibility of an apnea syndrome being large during sleep, if the condition of the apnoea time amount (second) that the respiratory wave amplitude which analyzed and obtained the living body data for every predetermined time does not change continuously occurs in two or more predetermined time.

[0014] Since this invention compares the living body data in predetermined time with the living body data at the time of usual [of a test subject] and he is trying to supervise a sleeping condition, the dependability of the body condition grasp using the living body data of the test subject under sleeping is raised, and exact body condition grasp can be performed.

[0015]

[Embodiment of the Invention] One example of this invention is shown in drawing 1 . Drawing 1 shows the condition of the air mat installed in the hospital and the nursing home etc., a test subject, and a management center.

[0016] 1 shows rooms, such as a hospital and a nursing home, installs the exclusive air mat 2 for data measurement on a bed 3, connects a terminal unit 5 and the exclusive air mat 2 for data measurement by the air tube 4, and enables it to transmit the pressure variation of the exclusive air mat 2 for data measurement to a terminal unit 5 in drawing 1 .

[0017] A test subject 6 goes to bed on the exclusive air mat 2 for data measurement in the usual condition. The pressure sensor which detects pressure variation, and the control supervisory equipment which processes the detecting signal and is transmitted to the management center 7 are formed in the terminal unit 5. A terminal unit 5 and the management personal computer (control unit) 11 of the management center 7 are tied with a communication line 8, and information can be mutually transmitted now.

[0018] A data processor 9 is installed in the management center 7, and collection of measurement data, total, date analysis, etc. are performed. Moreover, while the management personal computer 11 is installed on a doctor's in charge 10 desk and a doctor in charge 10 grasps and supervises a test subject's 6 body condition at any time, the abnormality report in a test subject in emergency can be received, directions can be suitably taken out to a nurse's standby room with telephone, or it can connect by handicap nurse call. In addition, it has composition with the same said of test subject 6' of other rooms.

[0019] Example detail drawing of a terminal unit 5 is shown in drawing 2 .

[0020] The internal pressure of the air mat 2 is inputted into the fine differential pressure sensor 20 and the absolute-pressure sensor 21 through the air tube 4. Since vibration resulting from a test subject's 6 body is transmitted to the air mat 2, the internal pressure of the air mat 2 changes. The fine differential pressure sensor 20 detects a part for pressure fluctuation, and the absolute-pressure sensor 21 detects the absolute pressure of the internal pressure of the air mat 2. It is prepared in order to detect whether there is any test subject 6 on the air mat 2 as for the absolute-pressure sensor 21.

[0021] The capacitor microphone mold differential pressure gage which detects the electrostatic-capacity change between the pressure receiving sides and confrontation electrodes which receive change of a pressure as a fine differential pressure sensor 20, for example, and detects differential pressure is used. A capacitor microphone mold differential pressure gage can detect the minute pressure fluctuation of the air mat 2 interior.

[0022] The detecting signal of the fine differential pressure sensor 20 is given to the gain control section 31 which

constitutes the monitor and control equipment 30. The gain control section 31 adjusts the level of the detecting signal of the fine differential pressure sensor 20 to the signal level of the predetermined range. Since the strength of vibration, such as a heartbeat which gets across to the air mat 2 by a test subject's 6 posture, and breathing, differs, the reinforcement (level) of the output signal of the fine differential pressure sensor 20 differs. The gain control section 31 adjusts gain so that it may become the signal of predetermined level about the signal level which changes with postures, and it outputs it to the heartbeat filter 32, the respiratory filter 33, and the IBIKI filter 34. Moreover, the gain value of the gain control section 31 is applied to the posture distinction section 36. The living body data of the test subjects 6, such as a heartbeat signal, a respiratory signal, an IBIKI signal, and a changing-sides signal, are obtained from these heartbeat filter 32, the respiratory filter 33, and the IBIKI filter 34 by applying to the heartbeat filter 32, the respiratory filter 33, and the IBIKI filter 34 the output signal of the fine differential pressure sensor 20 changed into predetermined level by the gain control section 31. A test subject's 11 living body data obtained from the heartbeat filter 32, the respiratory filter 33, and the IBIKI filter 34 are changed into a DEJITARU signal in the A/D-conversion section 35, and are inputted into the data-processing section 37. The data-processing section 37 performs various kinds of data processing of the inputted living body data, and supervises a test subject's 6 sleeping condition. The pattern comparison with the living body data at the time of usual [of a test subject 6] etc. is included in various kinds of data processing of living body data. The data-processing section 37 performs data processing, when having detected that the absolute-pressure sensor 21 is on the air mat 2 as for a test subject 6.

[0023] Moreover, the gain value of the gain control section 31 is applied to the posture distinction section 36. Since the level of the detecting signal of the fine differential pressure sensor 20 which detects the internal pressure of the air mat 2 changes with postures in which the test subject 6 lies, the gain adjustment of it is carried out by the gain control section 31. With a gain value, the posture distinction section 36 distinguishes a posture and outputs it to the data-processing section 37.

[0024] The data-processing result of the data-processing section 37 is transmitted to the management center 7 while it is displayed on a display 38. Thus, the monitor of a test subject's 6 sleeping condition is performed. Examples, such as a class of the test subject 6 in predetermined time (setup time) and living body data of 6' and a classification, are shown in drawing 3.

[0025] Living body data discernment-ize a heart rate, a respiration rate, IBIKI, a body motion, a recumbent form, etc. according to the description of the signal caught by the differential pressure sensor (phase counter pressure sensor) 20 and the absolute-pressure sensor 21. For example, a heart rate and a respiration rate are divided into the frequency of a normal range through filters 32 and 33. It asks for the fundamental frequency which performs a fast Fourier transform in the data-processing section 37 by the A/D-conversion section 35 after changing into a digital signal, and serves as a peak spectrum, and each is extracted. The data-processing section 37 and IBIKI ask for the magnitude from the spectrum of the frequency which synchronizes with breathing, and ask for the magnitude from the area of a pressure fluctuation wave about a body motion.

[0026] In drawing 3, from every predetermined time under sleeping, and the living body data constellation in every minute, an average value, maximum, the minimum value, and the most values are calculated, and it memorizes as sleep data of the sleeping. Next, only a part to have regarded as data is totaled about IBIKI and a body motion. Moreover, from the range and heartbeat signal of a pressure value as data of a recumbent form, it classifies into supine, sideways, and the pattern that lies prone, and asks for the rate in 1 sleeping Nakauchi. Health condition etc. is grasped from these living body data.

[0027] Analysis time amount (predetermined time) is not for 1 minute, and can be set as the time amount of arbitration. The convenient time amount for the data analysis for 1 sleeping is sufficient as analysis time amount, and it can also set up the inside of a part not for 1 sleeping but predetermined sleeping time amount. It considers as the optimal conditions with the scale of a system, an analysis rate, etc.

[0028] The data-processing section 37 judges a test subject's 6 health condition based on the following decision criteria.

[0029] It is healthy if 1, a heart rate, and a respiration rate are numeric-value within the limits made into the health set up beforehand. Moreover, when it is in addition to the numerical range, it needs to be cautious of health. When the minimum value of 2 and a respiration rate shows the value with the large maximum of IBIKI below by the default, there is an inclination of an apnoea.

If there are many rates of IBIKI occupied during 3 and sleeping or a body motion, sleep cannot be taken enough. 4 and a recumbent form come out comparatively and most things can call it the man's recumbent form pattern. The health condition of the result grasped by these is displayed when a test subject 6 rises to the display 38 of the monitor and control equipment 30.

[0030] Next, the abnormality monitor and emergency call under sleeping are explained.

[0031] The data-processing section 37 of the monitor and control equipment 30 computes a heart rate, a respiration rate, etc. by analyzing the living body data for predetermined time (for 1 minute), and it notifies them to the management personal computer 11 as an emergency call while displaying on a display 38 as a cardiac rate alteration and abnormalities in a respiration rate, when these cross the range of the default which can be called abnormalities. The data-processing section 37 is made to carry out singing of the buzzer while displaying it on an indicating equipment 38 as a cardiac rate alteration and abnormalities in a respiration rate. The data-processing section 37 recognizes it with continuing beyond fixed time amount about a body motion as a fit, performs a display and a buzzer response similarly, and notifies them to the management personal computer 11.

[0032] When not returning even if it comes out of a bed 3 and passes beyond fixed time amount beyond the time amount of extent which goes, for example to a rest room since it turns out [whose test subject 6 is in a bed 3] whether to be, depending on a time zone, it is recognized as under wandering, and the management personal computer 11 is notified as an emergency call.

[0033] In the management personal computer 11 which received the emergency call, with the care information and record about the individual of the test subject 6 of the terminal unit 5 which emitted the report, the contents of a report are displayed on the screen of the management personal computer 11, and the contents of a report are connected to a nurse using a handicap nurse call etc. Consequently, it becomes possible to perform a test subject's 6 first-aid treatment quickly and exactly.

[0034] Moreover, in being required, the Request to Send of living body data, such as a heart rate and a respiration rate, is performed from the management personal computer 11 to a terminal unit 5, and it performs the remote monitor of the heart rate in the management personal computer 11, and a respiration rate. Depending on those contents, a doctor in charge 10 issues the directions to a nurse etc., or examines a test subject 6.

[0035] next, the respiratory wave which computes a heart rate and a respiration rate by analyzing the living body data for predetermined time about the monitor of an apnoea condition, and is shown in drawing 4 -- the time amount (second) which the wave B with the small amplitude follows as compared with the wave A with the large amplitude to kick is totaled. It considers that it will continue if there is apnoea time amount (second) also in the living body data of the following predetermined time, and the case where this time amount continues more than a default is set as the object of an apnoea emergency call. Moreover, at the time of the data total for 1 sleeping, per hour, it judges with the possibility of an apnea syndrome being large during sleep, and if it appears 5 times or more, count [the count of predetermined], for example, when a test subject 6 rises, more than predetermined, for example, the thing for 10 seconds or more, will display [this apnoea time amount] the apnoea condition of this grasped result on a terminal unit 5.

[0036] Thus, although a test subject's sleeping condition is supervised, since the living body data in predetermined time are compared with the living body data at the time of usual [of a test subject] and he is trying to supervise a sleeping condition, the dependability of the body condition grasp using the living body data of the test subject under sleeping is raised, and exact body condition grasp can be performed.

[0037] When a test subject strikes changing sides, and it judges that a fit was started, or breathing is the man's body and usually specifically occurs according to health condition also in the condition of having stopped temporarily, judging that it is unusual is lost, dependability can be raised in a nurse's etc. correspondence, and it comes to be able to perform right treatment in the situation needed truly.

[0038] In addition, it has the advantage which it becomes unnecessary to examine a test subject frequently, and can examine more patients and a cared person while an above-mentioned example can be in a management center as for a doctor in charge, can grasp a test subject's body condition data correctly and quickly and can direct exact directions to a nurse etc.

[0039] Moreover, since it can direct and examine quickly also in the time of abnormalities by emergency call, it becomes possible to make a test subject's lifesaving probability high. Furthermore, it writes that transmission of a terminal unit and the management personal computer of a management center is possible at a communication line, home care is also possible, and there is also an advantage which can mitigate the burden of a patient's mental burden and a family greatly.

[0040]

[Effect of the Invention] Since this invention compares the living body data in predetermined time with the living body data at the time of usual [of a test subject] and he is trying to supervise a sleeping condition, the dependability of the body condition grasp using the living body data of the test subject under sleeping is raised, and exact body condition grasp can be performed.

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DESCRIPTION OF DRAWINGS

[Brief Description of the Drawings]

[Drawing 1] It is the block diagram showing one example of this invention.

[Drawing 2] It is the block diagram showing an example of the terminal unit in drawing 1.

[Drawing 3] It is drawing showing an example of living body data.

[Drawing 4] It is drawing showing an example of a respiratory wave which is one of the living body data.

[Description of Notations]

1 -- Rooms, such as a hospital and a nursing home

2 -- Air mat

3 -- Bed

4 -- Air tube

5 -- Terminal unit

6 -- Test subject

7 -- Management center

8 -- Communication line

9 -- Data processor

10 -- Doctor in charge

11 -- Management personal computer

[Translation done.]

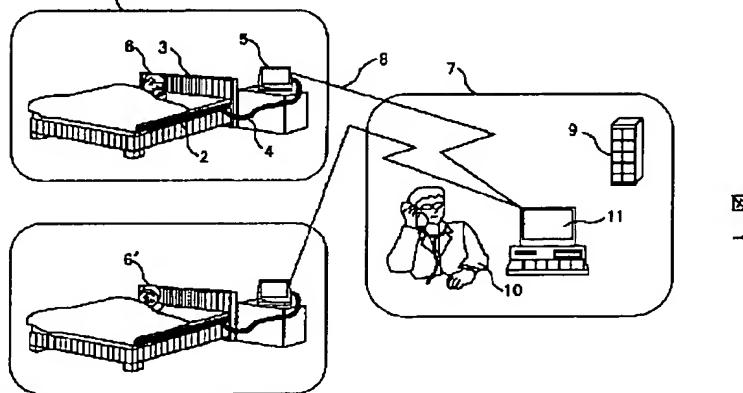
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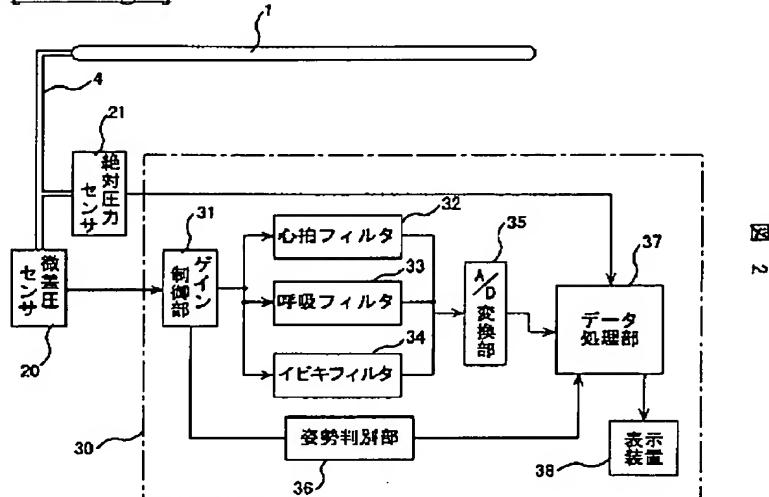
DRAWINGS

[Drawing 1]



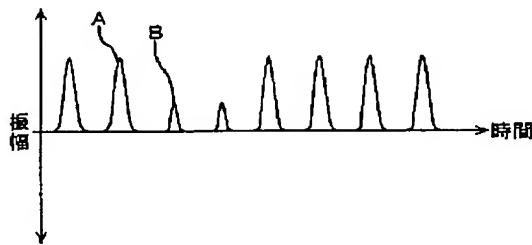
1…病院、介護施設等の部屋 2…エアマット 3…ベッド 4…エアチューブ
5…端末装置 6…被験者 7…管理センタ 8…通信回線
9…データ処理装置 10…担当医 11…管理パソコン

[Drawing 2]



[Drawing 4]

図 4



[Drawing 3]

	平均値	最大値	最小値	最多値	集計時間	就寝中の割合
心拍数	**	**	**	**		
呼吸数	**	**	**	**		
イビキの大きさ	**	**	**	**	**	** %
体動の大きさ	**	**	**	**	**	** %

	回数・時間	集計時間	就寝中の割合
無呼吸回数	**	**	** %
無呼吸時間	**	**	** %

	仰向け	横向き	うつ伏せ
寝姿	** %	** %	** %

被験者 6 のデータ

図
3

	平均値	最大値	最小値	最多値	集計時間	就寝中の割合
心拍数	**	**	**	**		
呼吸数	**	**	**	**		
イビキの大きさ	**	**	**	**	**	** %
体動の大きさ	**	**	**	**	**	** %

	回数・時間	集計時間	就寝中の割合
無呼吸回数	**	**	** %
無呼吸時間	**	**	** %

	仰向け	横向き	うつ伏せ
寝姿	** %	** %	** %

被験者 6' のデータ

[Translation done.]

(19)日本国特許庁 (JP)

(12) 公開特許公報 (A)

(11)特許出願公開番号

特開2002-52010

(P2002-52010A)

(43)公開日 平成14年2月19日 (2002.2.19)

(51)Int.Cl.

A 6 1 B 5/11
5/00 5/0245

識別記号

1 0 2

F I

A 6 1 B 5/00
5/10 5/02

マークコード(参考)

1 0 2 C 4 C 0 1 7
3 1 0 A 4 C 0 3 8
3 2 1 A

審査請求 未請求 請求項の数4 O.L (全6頁)

(21)出願番号 特願2000-237988(P2000-237988)

(22)出願日 平成12年8月7日(2000.8.7)

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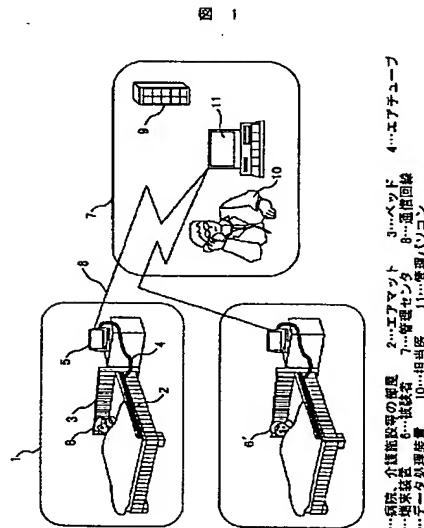
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(54)【発明の名称】 就寝状態監視装置

(57)【要約】

【課題】 本発明の目的は、就寝中の被験者の生体データを利用した身体状態把握の信頼性を高めて正確な身体状態把握が行える就寝状態監視装置を提供することにある。

【解決手段】 本発明は、エアマット2の圧力変化から被験者6の生体データを検出する。被験者6の生体データを端末装置5に取込み、予め設定した所定時間における生体データと被験者の平常時の生体データを比較して就寝状態を監視する。



【特許請求の範囲】

【請求項1】被験者のベットに設置したエアマットと、前記エアマットの内部圧力変化を検出する圧力検出手段と、前記圧力検出手段で検出した前記エアマットの内部圧力変化に基づき被験者の生体データを測定し、所定時間の前記生体データに基づき前記被験者の就寝状態を監視する監視制御装置とを具備することを特徴とする就寝状態監視装置。

【請求項2】被験者のベットに設置したエアマットと、前記エアマットの内部圧力変化を検出する圧力検出手段と、前記圧力検出手段で検出した前記エアマットの内部圧力変化に基づき被験者の生体データを測定し、所定時間の前記生体データと予め得られている平常時の生体データと比較して前記被験者の就寝状態を監視する監視制御装置とを具備することを特徴とする就寝状態監視装置。

【請求項3】被験者のベットに設置したエアマットと、前記エアマットの内部圧力変化を検出する圧力検出手段と、前記圧力検出手段で検出した前記エアマットの内部圧力変化に基づき被験者の生体データを測定し、所定時間の前記生体データと予め得られている平常時の生体データと比較して前記被験者の就寝状態を監視する端末装置と、前記端末装置と伝送可能に管理センタに設置された管理用制御装置とを具備することを特徴とする就寝状態監視装置。

【請求項4】被験者のベットに設置したエアマットと、前記エアマットの内部圧力変化を検出する圧力検出手段と、前記圧力検出手段で検出した前記エアマットの内部圧力変化に基づき被験者の生体データを測定し、所定時間における前記生体データの呼吸波形によって前記被験者の無呼吸状態を監視する監視制御装置とを具備することを特徴とする就寝状態監視装置。

【発明の詳細な説明】

【0001】

【発明の属する技術分野】本発明は、高齢者、加療中の患者、幼児などの被験者の就寝中における心拍数、呼吸数、イビキの大きさ、体動の大きさ等の生体データを測定して被験者の就寝状態を監視する主審状態監視装置に関する。

【0002】

【従来の技術】近年、高齢者の人口が増大する傾向にあり、いわゆる高齢化社会に変わりつつある。このため、高齢者に対しての介護負担が増大し、特に在宅介護の場合には常に気を配る必要があり、家族が夜間介護する場合の労力は計り知れないものがある。その結果、介護する人に過大な負担を強いることとなり、大きな社会問題となっている。

【0003】また、病院、介護施設等においては、就寝中に看護婦、看護士が常時、患者または被介護者（被験者）に付き添う訳にもいかず、定期的な回診、または異

常時の通報で患者の健康状態を把握することで対処しているのが現状である。

【0004】健康状態を常に把握するには、検査や問診を頻繁に行うことが必要となるが、通常の検査方法では、測定用の検出器を被介護者に装着することとなり、横臥中の覚醒状態では適用できても、睡眠中の被介護者に用いることは困難が伴う。

【0005】日々変化する被介護者の体調は徐々に変化が起きる場合が多く、この種の変化を検出して治療や介護作業に反映できれば、被介護者の健康を維持するのに役立つものとなる。特に睡眠中の患者や被介護者に対しては検査が難しく、身体的変化については殆ど知ることができない状況である。

【0006】被介護者に身体的及び精神的負担を与えるに、被介護者の健康状態を無侵襲、すなわち無拘束でかつ継続的に把握する方法として、被介護者（被験者）の身体の下にエアマットを敷いて、そのエアマットに加わる圧力変化に基づき被験者の心拍数、呼吸数、イビキ回数、寝返り回数等を測定する技術が提案されている。このことは、例えば、特開2000-214号公報に記載されている。また、上記の公知文献に記載されている技術によって測定した生体データを用いて無呼吸状態を検出することも考えられている。無呼吸状態とは、睡眠中に一時的に呼吸が停止、いわば窒息状態となっていることである。健康な成人の場合には窒息状態が起きても、しばらくすると呼吸が再開されて命に別状ない。しかし、罹病している患者、特に高齢者にあっては体力の消耗や大きなストレスの原因となることが多い。また、幼児にあってはこの窒息状態が起きると、致命的となる可能性が高い。

【0007】従って、無呼吸状態を検出することは、特に、加療中の患者や幼児などの被験者について呼吸困難に陥ることによる死亡、乳幼児では突然死症候群による死亡発生の問題を回避するのに有効である。

【0008】

【発明が解決しようとする課題】しかしながら、従来技術は測定した生体データを利用して健康状態かどうか把握する効果的な技術が開発されておらず、誤判断がある。例えば、被験者が寝返りを打った際に発作を起こしたと判断したり、呼吸が一時的に停止した状態でもその人の体质で、健康状態で通常発生したりする場合に異常と判断がある。また、無呼吸状態については、呼吸数のデータから無呼吸の傾向があるという程度でしか把握できないし、小刻みに無呼吸が発生していくと把握しにくいことが多くなる。

【0009】生体データを利用した健康状態の誤判断事態が度々発生すると、看護婦等の対応において信頼性を損ない、真に必要とした状況での正しい処置ができない恐れがある。

【0010】本発明の目的は、就寝中の被験者の生体デ

ータを利用した身体状態把握の信頼性を高めて正確な身体状態把握が行える就寝状態監視装置を提供することにある。

【0011】

【課題を解決するための手段】本発明の特徴とするところは、予め設定した所定時間における生体データと被験者の平常時の生体データを比較して就寝状態を監視するようにしたことがある。

【0012】具体的には、所定時間内の生体データを解析して心拍数、呼吸数を算出し、平常時の範囲を越えた場合には心拍数異常または呼吸数異常と判断し、体動に関する所定時間以上大きな値を示した時には発作として認識する。また、被験者がベッドから出て一定時間経っても戻らない時には、時間帯によっては徘徊中として認識する。

【0013】無呼吸については、所定時間毎の生体データを解析して得た呼吸波形の振幅が連続して変化しないという無呼吸時間(秒)の状態が複数の所定時間に発生したら睡眠中無呼吸症候群の可能性が大きいと判定する。

【0014】本発明は所定時間における生体データと被験者の平常時の生体データを比較して就寝状態を監視するようにしているので、就寝中の被験者の生体データを利用した身体状態把握の信頼性を高めて正確な身体状態把握が行える。

【0015】

【発明の実施の形態】図1に本発明の一実施例を示す。図1は病院、介護施設内等に設置したエアマットと被験者及び管理センタの状態を示している。

【0016】図1において、1は病院、介護施設等の部屋を示し、データ測定用専用エアマット2をベッド3の上に設置し、エアチューブ4で端末装置5とデータ測定用専用エアマット2とを接続し、データ測定用専用エアマット2の圧力変化を端末装置5に伝達できるようにしている。

【0017】被験者6は通常の状態でデータ測定用専用エアマット2の上で就寝する。端末装置5には、圧力変化を検出する圧力センサと、その検出信号を処理して管理センタ7へ伝送する制御監視装置が設けられている。端末装置5と管理センタ7の管理パソコン(制御装置)11とは、通信回線8で結ばれ、相互に情報が伝送できるようになっている。

【0018】管理センタ7にはデータ処理装置9を設置し、測定データの収集、集計、データ分析等を行う。また、担当医10の机上には管理パソコン11を設置し、担当医10が隨時被験者6の身体状態を把握、監視するとともに、緊急時の被験者異常通報を受けたり、電話器により適宜看護婦の待機部屋に指示を出したり、ハンディナースコールで連絡したりすることができるようになっている。なお、他の部屋の被験者6'についても同様な構成になっている。

【0019】図2に端末装置5の一例詳細図を示す。

【0020】エアマット2の内部圧力がエアチューブ4を介して微差圧センサ20と絶対圧力センサ21に入力される。被験者6の身体に起因する振動がエアマット2に伝達されるので、エアマット2の内部圧力が変化する。微差圧センサ20は圧力変動分を検出し、また、絶対圧力センサ21はエアマット2の内部圧力の絶対圧力を検出する。絶対圧力センサ21は被験者6がエアマット2上にいるかを検出するために設けられている。

【0021】微差圧センサ20としては、例えば、圧力の変化を受ける受圧面と対抗電極との間の静電容量変化を検知して差圧を検出するコンデンサマイクロフォン型差圧計が用いられる。コンデンサマイクロフォン型差圧計はエアマット2内部の微小な圧力変動を検出できる。

【0022】微差圧センサ20の検出信号は監視制御装置30を構成するゲイン制御部31に与えられる。ゲイン制御部31は微差圧センサ20の検出信号のレベルを所定範囲の信号レベルに調整する。被験者6の姿勢によってエアマット2に伝わる心拍や呼吸などの振動の強さが異なるために、微差圧センサ20の出力信号の強度(レベル)が異なる。ゲイン制御部31は姿勢によって異なる信号レベルを所定レベルの信号になるようにゲインを調整し、心拍フィルタ32、呼吸フィルタ33、イビキフィルタ34に出力する。また、ゲイン制御部31のゲイン値が姿勢判別部36に加えられる。

ゲイン制御部31によって所定レベルに変換された微差圧センサ20の出力信号を心拍フィルタ32、呼吸フィルタ33、イビキフィルタ34に加えることにより、これら心拍フィルタ32、呼吸フィルタ33、イビキフィルタ34から心拍信号、呼吸信号、イビキ信号および寝返り信号などの被験者6の生体データが得られる。心拍フィルタ32、呼吸フィルタ33、イビキフィルタ34から得られた被験者11の生体データはA/D変換部35でデジタル信号に変換されデータ処理部37に

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タの管理パソコンとを伝送可能としたため、在宅介護もでき、患者の心理的負担、家族の負担を大きく軽減できる利点もある。

【0040】

【発明の効果】本発明は所定時間における生体データと被験者の平常時の生体データを比較して就寝状態を監視するようにしているので、就寝中の被験者の生体データを利用した身体状態把握の信頼性を高めて正確な身体状態把握が行える。

【図面の簡単な説明】

【図1】本発明の一実施例を示す構成図である。

【図2】図1における端末装置の一例を示す構成図である。

【図3】生体データの一例を示す図である。

【図4】生体データの1つである呼吸波形の一例を示す図である。

【符号の説明】

1…病院、介護施設等の部屋

05 2…エアマット

3…ベッド

4…エアチューブ

5…端末装置

6…被験者

10 7…管理センタ

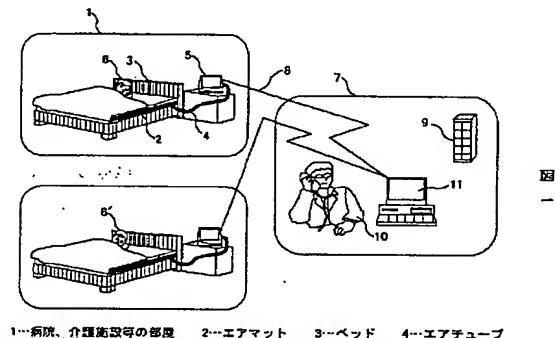
8…通信回線

9…データ処理装置

10…担当医

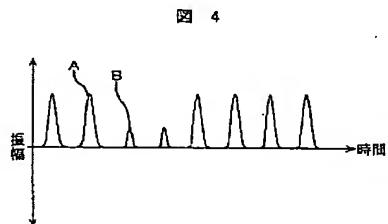
11…管理パソコン

【図1】



1…病院、介護施設等の部屋 2…エアマット 3…ベッド 4…エアチューブ
5…端末装置 6…被験者 7…管理センタ 8…通信回線
9…データ処理装置 10…担当医 11…管理パソコン

【図4】



【図2】

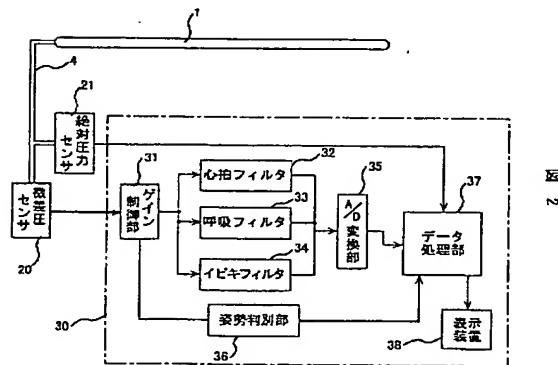


図2

【図3】

被験者6のデータ

	平均値	最大値	最小値	最多値	集計時間	就寝中の割合
心拍数	**	**	**	**		
呼吸数	**	**	**	**		
イビキの大きさ	**	**	**	**	**	**%
体動の大きさ	**	**	**	**	**	**%

	回数・時間	集計時間	就寝中の割合
無呼吸回数	**	**	**%
無呼吸時間	**	**	**%

	仰向け	横向き	うつ伏せ
寝姿	**%	**%	**%

図
3

被験者6'のデータ

	平均値	最大値	最小値	最多値	集計時間	就寝中の割合
心拍数	**	**	**	**		
呼吸数	**	**	**	**		
イビキの大きさ	**	**	**	**	**	**%
体動の大きさ	**	**	**	**	**	**%

	回数・時間	集計時間	就寝中の割合
無呼吸回数	**	**	**%
無呼吸時間	**	**	**%

	仰向け	横向き	うつ伏せ
寝姿	**%	**%	**%

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